

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

Form 27. Motion for

Supplement Amended Complaint

Instructions for this form: <https://www.court.gov/Forms/27-Motion-for-Supplement-Amended-Complaint>

Case Number

N/A

Case Name

Flynn v Christian, Marks and Mohrreich et al

Lower Court or Agency Case Number

N/A

What is your name?

Kenneth J Flynn

1. What do you want the court to do?

(and)
allow plaintiffs to cure the deficiency ~~in~~ correct case numbers
allow one additional defendant material to the claim
allow additional Supporting documents ^(Sixteen) ~~twelve~~ including Motion to
~~Supplement~~ Supplement.

2. Why should the court do this? Be specific. Include all relevant facts and law that would persuade the court to grant your request. (Attach additional pages as necessary. Your motion may not be longer than 20 pages.)

Clerk's office failed to allow mailed Amended Complaint to be captured
By additional mail hand delivered version with correct case numbers and
Service page, a Fifteen page attachment was ~~added~~ ^{added} to be added by
Clerk. The additional defendant is material to The failed
Guardianship Claims (previous manager).

Your mailing address: Kenneth J Flynn

665 1st AVE PO Box 232

City

Goldfield

State

MT

Zip Code

59525

Prisoner Inmate or A Number (if applicable)

N/A

Signature

KJ Flynn

Date

10-30-22

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

KJF